

UNITED STATES VIRGIN ISLANDS DEPARTMENT OF PLANNING AND NATURAL RESOURCES DIVISION OF FISH & WILDLIFE

NOAA/ DPNR-USVI FISHERIES DISASTER ASSISTANCE PROGRAM

APPLYING FOR COMPENSATION FOR LOST REVENUES DAMAGES

LOST REVENUES CERTIFICATION MANDATORY FOR ALL APPLICANTS

APPLICANT/ OWNER/ ENTITY INFORMATION

Last Name:		
First Name:		
Middle Name or Initial:		
Full Business Name (If applicable):		
Social Security Number:		
Business License Number:		
Malling Address1:		
Mailing Address2:		
City:		
State:		
Zip Code:		
Primary Phone Number:		
Email Address:		
USVI District Designation:		
S I CERTIFY MY LOST FISHING INCOME BETWEEN SEPT S	EMBER 6, 2017 THROUG	GH DECEMBER 31, 2017 WAS
I hereby certify that the information provided herein by acknowledge my understanding that any intentional or negin this document could subject me to disqualification from liability and/or in criminal penalties, including but not limit Code, Sec. 1001, et seq. and punishment under federal law. By my signature below, I authorize verification or revadministering agency (VIDPNR), its agents, successors, and	ligent misrepresentation or n participation and punish red to, fine or imprisonment erification of any informa	falsification of any of the information ment under federal, resulting in civil or both under Title 18, United States ation contained herein by the grant
GRANTEE'S PRINTED NAME	:	_
GRANTEE'S SIGNATURE	DATE	PHONE NUMBER